



**FREDERICK COUNTY DIVISION OF FIRE RESCUE SERVICES**  
**Bureau of EMS & Training**  
**8349 Reich's Ford Road, Frederick, MD 21704**

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**CANDIDATE PHYSICAL ABILITY TEST (CPAT)**  
**LEGAL WAIVER FORM**

I, \_\_\_\_\_, (Print name) execute this Waiver and Release in favor of Frederick County, Maryland, and its departments, officers, employees, agents, assigns and insurers (herein called "the County").

I, the undersigned, hereby request permission to take the candidate physical ability test as a part of my application for employment as a fire fighter for Frederick County, Maryland. I am fully aware of the risks and dangers involved, and that unanticipated and unexpected dangers may arise during such activities and I agree to assume all risks of injury to my person and property that may be sustained in connection with preparing for and taking said test.

In consideration for being permitted to take this test and participate in the Fitness Mentoring Program for the test, I, myself, my heirs, legal representatives and assigns, release and hold harmless the County from all claims, demands and causes of action for all damage, bodily injury or liability of any kind that might accrue to me or arise out of these activities. I hereby agree not to bring suit or other legal action, either State or Federal, based upon any claims against the County arising directly or indirectly from my participation in the test or the Fitness Mentoring Program.

By signing below, I acknowledge that I have read and fully understand the terms of this Release and that I have received and read a copy of the testing protocol. My agreement to this release and attendance, participation and preparation for this test is voluntary and I am not in any way employed by or an agent of Frederick County Maryland.

Signature: \_\_\_\_\_ Notary: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Commission Expiration: \_\_\_\_\_

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[Notary Seal]